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I would like to comment on the article "NAPSI utilization as an evaluation method of nail psoriasis in patients using acitretin". ¹ On page 267, the authors report that onycholisis, splinter hemorrhages, subungueal hyperkeratosis and oil drop are manifestations of nail matrix disease. In fact, these signs are a consequence of nail bed disease. ²³ In addition, they use "L"

for "lamina" (nail plate) to refer to the same signs in Figure 1 and Graph 1. It would be better to use "L" for "Leitoungueal" (nail bed). The clinical signs associated with nail psoriasis are attributed to specific structures in the nail unit, and accurate information regarding the various aspects of nail psoriasis is relevant to the understanding of the pathogenesis of psoriasis.

REFERENCES

- MukaiMM, OoffolF, WernerB, BrennerFM, LimaFilho JHC. NAPSI utilization as an evaluation method of nail psoriasis in patients using acitretin An Bras Dermatol. 2012;87:266-72
- Jiaravuthisan MM, Sasseville D, Vender RB, Murphy F, Muhn CY. Psoriasis of the nail: anatomy, pathology, clinical presentation and a review of the literature on therapy. J Am AcadDermatol. 2007;57:1-27
- Rich PScher RK. Nail Psoriasis Severety Index: A useful tool for evaluation of nail psoriasis J Am AcadDermatol. 2003;49:206-12.

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